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	CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHERTHAN		
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	MULTIPLE DEPENDENT]	+sa		OR	+ <u>g</u> s				
	* If the difference in column 1 is less than zero, enter "O" to column 2.				TOTAL		OR	TOTAL		
رجع ا	CLAIMS AS AMENDED - PART II									
ري ري	414-05		(Column 2) 4(Column: 3)*		· Suite	MIII?	.i.er	SMALL	ENTITY	ļ
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	FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAM (D7 CFR 1, 14(0))				+4 =	7-7	90	+ \$	==/===	
				•	TOTAL ADDLFEE	••	08	TOTAL ADDL FEE		
	"If the entry in onlumn 1 is less than the entry in column 2, write "U" in column 1. "If the Prightest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20",									İ
:	"If the "highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". The "highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the "USPNO-107PP0435) an application. Genification by a governor by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes in nomplete including gathering, preparing, and submitting the correlated application form to the USPNO-TION Will have required to our require to complete this form and/or suggestions form to the USPNO-TION will have pour require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palcot and Trademark Office, U.S. Department of Commerce, P.O. Son 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.